

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013587

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2743

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAR 28 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. CITY

OR TOWN ST LOUIS,

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

HOSPITAL OR INSTITUTION 1170 HAMILTON

Yes ☒ No ☐

1170 HAMILTON

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

MARY E. MAYES AKA MARIE MAYER

4. DATE OF DEATH

Month

Day

Year

MARCH 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

ABOUT 1990

9. BIRTHDAY

ABOUT 73

10. USUAL OCCUPATION (Give kind of work done during working life, even if retired)

SEAMSTRESS

10b. KIND OF BUSINESS OR INDUSTRY

CLOTHING

11. BIRTHPLACE (City and state or country)

ST LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE MAYES

13b. MOTHER'S MAIDEN NAME

MARY J. UNKNOWN

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) NO

17. INFORMANT

Address

SORKIS WEBBE PUBLIC ADMINISTRATOR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerotic Heart Disease,

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Helen L. Taylor, Coroner

1300 Clark Ave.

3-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

3/9/63

23c. NAME OF CEMETERY OR CREMATORY

MISSOURI CREMATORY

23d. LOCATION (City, town, or county)

ST LOUIS MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STROOT - CARROLL 4600 NATURAL BRIDGE

MAR 8 1963

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. Street - Carroll Under
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Clifford
Licensed Embalmer No. _____

P. O. Address St Louis Mo
4600 Natural Bridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.